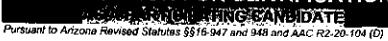
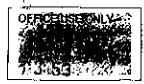


STATE OF ARIZONA APPLICATION FOR CERTIFICATION





■ Initial Application □ Amended Application			FILERID 2004-93202	
NAME OF CANDIDATE ADDRESS (NUMBER & STREET)		OFFICE SOUGHT (include Legislative District, if applicable) HOUSE REPORTING THE		
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CANDIDATE'S TELEPHONE #	CANDIDATE'S FAX #			
l -		CANDIDATE'S E-MAIL ADDRESS		
(480) 755-0461 (480) 947-6623		Ja-TORGESON CYLHOO COM		
CANDIDATE'S PARTY AFFILIATION (if any)	···			
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NAME OF CANDIDATE'S COMMITTEE				
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COMMITTEE'S ADDRESS	<u> </u>			•
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480. 755-0461	480-947-6623	J. TORGESON @ GALLOO COM		
NAME OF DESIGNATED INDIVIDUAL WITH	AUTHORITY TO WITHDRAW FUNDS (IF AF	PLICABLE) (A R.S. §16-948)		
Jun Torcaco		- '		
DESIGNATED INDIVIDUAL'S ADDRESS		I CITY	LOTATE	
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authority to withdraw funds and make expenditures from my campaign account on my behalf.

CCEC-003-APP/CERT-08/28/01